

Correspondence

The Editorial Board will be pleased to receive and consider for publication correspondence containing information of interest to physicians or commenting on issues of the day. Letters ordinarily should not exceed 600 words, and must be typewritten, double-spaced and submitted in duplicate (the original typescript and one copy). Authors will be given an opportunity to review any substantial editing or abridgement before publication.

Pregnancy Following Ureteroneocystostomy

TO THE EDITOR: Ureteral obstruction in pregnancy is a well-recognized complication. Changes of the urinary tract occur in pregnancy because of hormonal and mechanical factors. Hydroureter of pregnancy has been documented many times; it is thought to be caused by ureteral compression at the pelvic brim by the gravid uterus.

The incidence of ureteral obstruction in pregnancy following ureteral surgical procedures is greatly increased. Most articles in the literature concerning pregnancy following ureteral operations deal with reimplantation into the ileum; there has been very little written about pregnancy following reimplantation of ureters into the bladder.

Laverson and co-workers reported the case of a patient who became pregnant following reimplantation of ureters into the bladder. In this patient, renal failure developed secondary to bilateral ureteral obstruction in the second trimester, and right ureteral catheterization and left percutaneous nephrostomy were required. These authors recommended prophylactic ureteral catheters in all pregnancies following ureteroneocystostomy.¹

Dounis and associates reported the cases of three patients who became pregnant following reimplantation of ureters into the bladder as adults. One had moderate renal failure during pregnancy, one had hypertension that remained unchanged and one had worsening of hydronephrosis. No details were given as to management.²

Barrett and Peters discussed five pregnancies in four patients after ureterosigmoid anastomoses, citing recurrent urinary tract infections as the most common complication during pregnancy. Of the five pregnancies presented, one was terminated following irradiation, two resulted in vaginal deliveries and two in deliveries by cesarean section. These authors reviewed the literature and cited a 21% incidence of premature labor, thought to be caused by urinary tract infection. Their recommendation is that all such patients receive antibiotics prophylactically.³

Summary of Four Cases

This present report involves four pregnancies, in four patients who had ureteroneocystostomies (two unilateral, two bilateral) in childhood.

Of the four patients followed through their pregnancies following reimplantation of ureters into the bladder in child-

hood, the two who had bilateral reimplantation had more severe complications during pregnancy. Both had recurrent episodes of pyelonephritis requiring hospital admission; one patient required a ureteral stent and percutaneous nephrostomy. All four patients were given prophylactic antibiotics during the last three or four months of their pregnancies.

Renal function in all four patients remained normal, and all four had normal vaginal deliveries. Postpartum intravenous urograms were normal in the three patients who returned for follow-up.

It is imperative that renal function tests be done repeatedly during pregnancy in patients who have had ureteral surgical procedures.

Some authors advocate ureteral stents prophylactically. This would seem a reasonable precaution when bilateral ureteral reimplantation has been done. There seems to be general agreement that prophylactic antibiotics should be used during the later months of these pregnancies. Postpartum urograms will help to exclude any persistent obstruction.

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REFERENCES

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2. Dounis A, Dunn M, Smith PJB: Ureteric reimplantation for vesico-ureteric reflux in the adult. *Br J Urol* 1978 Jun; 50: 233-236
3. Barrett RJ, Peters WA: Pregnancy following urinary diversion. *Obstet Gynecol* 1983 Nov; 62:582-585

Precise Terminology

TO THE EDITOR: In the January 1986 issue there is an article studying the attitudes of physicians toward homosexuals.¹ In that article a table lists findings under three headings: "Homophilic, Neutral, Homophobic." It is apparent in the context of the article that this is meant to indicate whether the attitudes toward homosexuals are positive or negative. But the words used are really not appropriate to express those meanings, and besides they have already been appropriated for other meanings. Homophile in *Webster's New World Dictionary* (second edition) is "same as homosexual." Homophilic in *Dorland's* (24th edition) is "having affinity for or reacting with a specific antibody." Webster lists the prefix homo- as a combining form meaning "same, equal, like" and "-phobe" is a suffix meaning "to fear or hate." So a "homophobe" would be one who feared or hated people like himself.